

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 503

## 1. PLACE OF BIRTH

## STANDARD CERTIFICATE OF BIRTH

Registered No.

County Navajo State Arizona  
District or Township \_\_\_\_\_ or Village Snowflake  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Paul Victoria Plumb  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth July 10, 1928  
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Bessman Moses Plumb</u>		Full maiden name <u>Anisa Victoria Mackay</u>	
9. Residence (Usual place of abode) <u>Snowflake</u> If non-resident, give place and state.		15. Residence (Usual place of abode) <u>Snowflake</u> If non-resident, give place and state.	
10. Color or race <u>W</u>	11. Age at last birthday <u>44</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>17</u> (Years)
12. Birthplace (city or place) <u>St. Johns</u> (State or country) <u>Ariz.</u>		18. Birthplace (city or state) <u>Moab</u> (State or country) <u>Utah</u>	
13. Occupation <u>Day Laborer</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	

20. Number of children of this mother \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child).  
(a) Born alive and now living 6  
(b) Born alive but now dead 0  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum. Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was alive at 12:02 P. m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature \_\_\_\_\_

J. H. Baywood  
Phys.  
Snowflake

(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_

Address \_\_\_\_\_

Month, day, year \_\_\_\_\_

Filed \_\_\_\_\_

Aug 7, 1928

Registrar. \_\_\_\_\_

J. H. Frost

Registrar. \_\_\_\_\_

772-710-448